



FERPA
AUTHORIZATION TO RELEASE STUDENT INFORMATION

Student Consent for Education Records to be released to parent(s), legal guardian(s), Other tuition provider(s), or other third party as listed on this Release. Please return this signed authorization to the Registrar's Office.

Student's First and Last Name:

Parker ID#:

PLEASE READ: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Parker University and its representatives in higher education to disclose the information specified below to the following individual(s) or agency(ies):

Name:

Name:

Name:

Name:

INFORMATION TO BE RELEASED: The following information from my records at Parker University may be released to the specified above:

_____ Grades and academic standing

_____ Academic Information

_____ Discipline records

_____ Tuition and fees status

_____ Financial Aid

_____ Other, please SPECIFY: _____

_____ All records or information

This consent shall be valid throughout the student's enrollment at Parker University and thereafter but may be modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuitions provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

By signing below, I agree that I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974 and authorize the release of my student information as listed.

Student's Signature

Date